E-CODE WORKGROUP CONFERENCE CALL
JUNE 29, 2000
Minutes recorded by NAHDO

Present:

Arturo Coto, NHHS	Jason Goldwater, HCFA	Brenda Mitchell, NCHS
Andye Zach, OSPHD	Mary Seman, NYDOH	Donna Pickett, NCHS
Denise Love, NAHDO		

The Workgroup (WG) began by discussing the current practice portion of the recommendations. Discussion about the current practice of E-code reporting in states highlighted:

- States vary in their E-code reporting requirements
- 25 states are "CODES" states (Crash Outcomes Data and Evaluation System), linking hospital, crash, EMS, and death data
- In New York, E-coding may not be prescribed in discharge reporting regulations
- NE requires E-codes by law from all health care professionals/providers
- CA hospitals must report E-code into 4-5 separate fields
- Many states capture E-codes incidentally as a part of the diagnosis list
- State may use the E-code field for various purposes other than E-code and may include more E-codes in diagnosis fields

The WG received Arturo's report documenting the current practice of E-coding in Nebraska's Hospital Discharge Data. NE providers, for epidemiologic and public health purposes, use only the primary E-code field. The 1996 NE report documented that 76 percent of providers are using this field and that E-codes for ED data were below inpatient reporting. Donna referenced the APHA report on inpatient E-coding which evaluated how states are collecting and using cause of injury data.

Arturo:

> The CDC is making efforts to standardize and simplify their reporting systems. The Workgoup felt we need to explore developments in the National Electronic Data Surveillance Systems (NEDSS) and CDC standards processes to round out the current practice/business case.
>
> The Council of State and Territorial Epidemiologists (CSTE) has been approved by CDC to establish a surveillance system to include injuries. This effort will not include infrastructure building, so this surveillance system must rely on existing data.
>
> Referred the Workgroup to two reports: a CSTE report, Indicators for Chronic Disease Surveillance and Consensus Recommendations for Injury Surveillance in State Health Departments.
>
> Trauma registries should be included in the discussion of current practice.

ACTION: NAHDO will incorporate these reports/studies mentioned into the final recommendations as examples or references.

> ***NAHDO estimates 19 states have trauma registries, but they differ: their scope of data suppliers and elements reported—no current standard. NAHDO will attempt to find out who might be the most knowledgable—if any WG members know who to call, let NAHDO know. (ADDENDUM: NAHDO has been contacted by Mr. Harry Teter, Executive Director of the American Trauma Society about a trauma-related project opportunity—we will explore the background information through him on trauma registries)..***

Andye:

> Andye and Marjorie Greenberg were among the group that advocated for more than primary E-code in the UB92 standard years ago (does any documentation exist?) Donna added that completion will be voluntary in states where E-coding is not mandated (50 percent required E-coding at that time). Another issue that came up at these earlier discussions is that E-coding was not required for billing.
>
> Andye also reminded the WG that the issue of standards is not always a technical issue, as evidenced by the tobacco lobby's interest and attempted opposition to new E-coding standards some years ago.

Donna:

> Mortality reporting: The ICD-10-CM has standards for 3 E-codes: cause, place, activity (work, domestic), etc.

Adverse Effects

The question: in the final report, should the E-codes for adverse effects be separated from the injury cause/place recommendations? Adverse effect issues may cloud the discussion for all E-code recommendations. After discussion, it was decided not to divide these into separate recommendations.

Andye:

In CA, they had to make adverse effect codes optional, not mandated as a compromise to the provider community. But that was several years ago and the environment has changed.

Action/recommendation: By making the final recommendation "situational" conditioned on the presence of state mandate or law, we can avoid some of the difficulties secondary to this field.

What are the alternatives to expanded E-coding as a part of the core X12N standard?

> Claims attachment? Will this be standardized and used for state fields? The WG was unsure about the status of claims attachments and deferred this for now. The

limits of attachments might be the lack of standard structures and more difficult for states to implement if its additional burden for data suppliers to produce.

ACTION: Mary will ask Bob Davis about the limits/promises of attachments for certain fields.

Surveillance systems? These are costly to implement and add burden to providers when they are set up as a separate system.